Brooklyn Law School est1901

Reasonable Accommodation Request Form for Students
Confidential

Please complete Sections I, II, and III of this form and have your health care provider complete Section IV. Please attach supporting documentation from your health care provider that is in accordance with the *Brooklyn Law School Documentation Guidelines for Reasonable Accommodation Requests*. The form and guidelines are available on the following policy pages: www.brooklaw.edu/policies and https://blsconnect.brooklaw.edu/administrative/policies/Pages.

Please return the form and supporting documentation to the Reasonable Accommodations Coordinator at acccomodations@brooklaw.edu.

I. Student Information

Name.....

Address.....

.....Zip.....

Email..... Home Phone.....

Work Phone..... Cell Phone.....

Enrollment Status: □ Standard Three-Year Program □ Extended Four-Year Program
Year: □ 1 □ 2 □ 3 □ 4

II. Student Consent

I give permission to my health care provider to release to Brooklyn Law School medical information and copies of my medical records relating to the condition for which I am seeking a reasonable accommodation, and to discuss with an authorized representative of Brooklyn Law School the medical condition for which I seek a reasonable accommodation.

_____ _____

Student's Signature Date

III. Accommodation Request

A. *To the Student:* Please identify the accommodations you are seeking and the basis for such request. Please include a description of how your diagnosed disability affects your academic/classroom performance, including test-taking ability and any other relevant information. If the request is for a non-academic related activity or related to a residential situation, please describe the relationship between the disability and the requested accommodation.

IV. Basis for Accommodation Request

A. *To the Health Care Provider*: Please identify the temporary or permanent physical, medical, mental, or psychological impairment for which the student is seeking a reasonable accommodation. [1]

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[1] *A physical or mental impairment* is: (1) an impairment of any system of the body, including but not limited to the neurological system; the musculoskeletal system; the special sense organs and respiratory organs, including, but not limited to, speech organs; the cardiovascular system; the reproductive system; the digestive and genitourinary systems; the hemic and lymphatic systems; the immunological systems; the skin; and the endocrine system; or (2) a mental or psychological impairment. This definition includes learning disabilities, pregnancy, and pregnancy-related conditions. In the case of drug addiction, alcoholism, or other substance abuse, the term "disability" applies only to a person who: (1) is recovering or has recovered; and (2) currently free of such abuse. It does not apply to a person who is currently engaging in the illegal use of drugs or abusing alcohol in violation of the Law School's policies.

B. *To the Health Care Provider*: Please identify the recommended reasonable accommodation. For each recommended accommodation, please provide a basis for the recommendation that is related to the current functional impairment presented by the student. Furthermore, please describe the type and degree of impact the medical/psychological condition has on the student's academic/classroom performance, including test-taking ability, and estimated duration of the condition. If the request is for a non-academic related activity or related to a residential situation, please describe the relationship between the disability and the requested accommodation.

PLEASE ATTACH DOCUMENTATION THAT IS IN ACCORDANCE WITH *the Brooklyn Law School Documentation Guidelines for Reasonable Accommodation Requests*.

_____	_____
Name of Health Care Provider	Signature of Health Care Provider
_____	_____
License Number and State	Date
Address	Telephone Number
_____	_____
_____	Email Address
_____	_____
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Revised August
08.12.24